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Inaugural Dissertation

on

Hydrothorax

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Submitted to the examination of the Professors of
the University of Pennsylvania,
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of

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by
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of
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to the interior of

the continent of

North America

by

166
A law of this University renders it obligatory
on all candidates for the Doctorate to write an essay on
some subject connected with the Science of Medicine.
In compliance with this requisition I now proceed to
offer a few observations on Hydrothorax.

This disease may be defined a preternatural collec-
tion of serous or watery fluid in the cavity of the Thorax.
It is a well known fact to every Physiologist and Anato-
-mist, that in a natural condition of the system there is
constantly poured out a quantity of watery fluid, for the
purpose of lubrication, into every cavity containing vis-
-cera, and every part subject to motion in the human
body, enabling them to perform their functions in a perfect
and healthy manner.

In order to prevent an accumulation of this fluid and
its evil consequences, the same seems constantly to be removed,
soon after its exhalation, by a set of vessels termed Absorb-
-ents, which, in health, answer this purpose effectually.

A knowledge of the existence of this fluid is, I think,

insufficient for my present purpose: I therefore deem it unnecessary to enter into a discussion to prove whether this fluid is secreted by a set of vessels termed exhalants, or is an exudation through the pores in the coats of Arteries, according to the French Physiologist, Richerand. — as to determine whether those exhalant vessels are minute extremities of Arteries. —

The functions of these vessels are as necessary to perfect health as the exercise of any other functions in the Human body. — or to speak in the words of the lamented Rush, perfect health consists in the strife between these vessels and as soon as an armistice takes place between them disease occurs.

From these remarks it must be obvious that if the quantity of serous fluid poured out in any part be greater than the absorbents can remove a morbid collection ensues. — Or if the amount poured out be no greater than usual, and the absorbents do not perform their duty, it is plain that an accumulation must also follow.

Thus the several forms of Dropsy, one of which is under Consideration, may be occasioned either by a defect of Absorp-

tion or increased exhalation. The latter, however, I conceive to be in a majority of cases the Proximate cause of Dropsy, and to which I shall chiefly confine the observations I design making on the subject of this essay. —

Hydrothorax may be divided into Symptomatic and Idiopathic, proceeding from a local or general cause, and like other forms of Dropsy, may occur in two states of the system, Tonic and Atonic.

Increased exhalation, forming a collection of water in the Thorax, is generally the result of vascular excitement in the Chest, and this state, according to the degree of it, may produce different results — when of a high degree, coagulable lymph is thrown out — still higher, a secretion of puff — and that state which produces an effusion of serum is of the lowest grade of inflammation.

The inflammation terminating in a secretion of serum may arise from particular diseases within the Chest, as affections of the valves of the Heart, Coronary vessels, or of the coats of the large adjacent vessels, aneurismal tumours, &c.

Dropsey of the Chest may be independent of the presence of any organic disease, creating an excitement peculiar to the secretion of serum, as inflammation from Cold, frequent attacks of Asthma and Catarrh, misplaced Gout, Dyspepsia, &c. or should the means for subduing a high state of inflammation not be early enough employed, or in an insufficient degree, a lower or Chronic form of inflammation may remain and produces an aqueous effusion, or as an effect of the higher excitement some structural disease, eventuating in an effusion.

In addition to these ordinary exciting Causes of the inflammation favourable to the production of serum - there is a certain congestive or plethora state of the circulation brought on in particular habits - by indulging in the pleasures of the table, and little exercise, which prevailing in the Chest may occasion an excitement in the serous tissues of the Chest so as to produce an accumulation of serous fluid.

I have said this disease may be found in an Atonic state of the system - and here I presume an increased effusion arises from a relaxed state of the

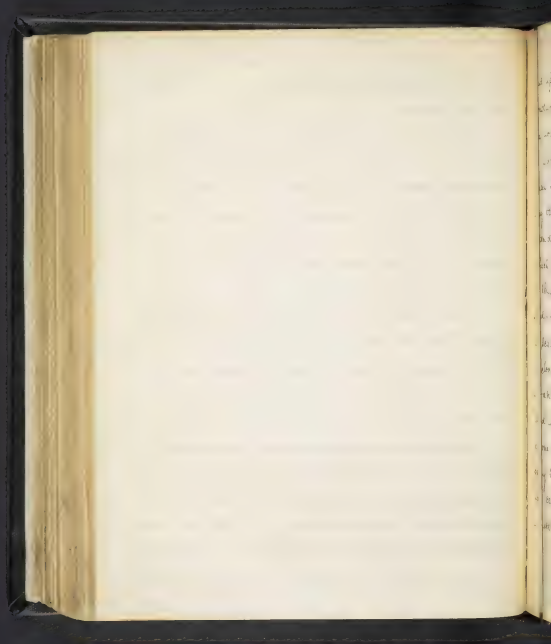
History of the United States
The first part of the history of the United States is the history of the colonies. The colonies were founded by Englishmen who came to America in search of a better life. They were at first dependent on England for everything they needed. But as they grew in number and in power, they began to assert their independence. They fought the Revolutionary War and won. They then declared their independence from England and became a free and sovereign nation. The second part of the history of the United States is the history of the Union. The Union was formed by the joining of the thirteen original states. It was a union of states, each of which had its own government. But they all agreed to follow the same laws and to elect the same President. The Union has since grown to include all the states of the United States. It has also grown to include many other nations. The third part of the history of the United States is the history of the people. The people of the United States have made many great things. They have built a great nation. They have made many great discoveries. They have made many great inventions. They have made many great contributions to the world. The history of the United States is a history of progress and of achievement. It is a history of a people who have made the most of their opportunities. It is a history of a people who have made the world a better place.

exhalants proceeding from a weak morbid action of the heart and arteries.

As common with other forms of Dropsy, Hydrothorax may be owing to a defect of Absorption. It seems reasonable to conclude that a certain degree of tone or activity of the absorbents is necessary to the perfect performance of their duty, and that their natural tone may be destroyed by the same debilitating Causes that proceeds a laxity of the exhalants. —

From these remarks on the Causes of Hydrothorax, I proceed to the Consideration of the Symptoms arising from the pressure of the water upon the Viscera Organs contained in the Chest, producing a disturbance in their Functions. These I shall relate as recorded by ^{Paracelsus} Boerhaave.

Hydrothorax frequently comes on with a sense of anxiety about the lower part of the Sternum. This before it has subsisted long comes to be joined with some difficulty of breathing, which, at first, appears only upon the person's walking upon an acclivity or upon his ascending a stair case.



but after some time this difficulty of breathing becomes more constant and considerable, especially during the night when the body is in a horizontal posture.

Commonly at the same time lying upon ^{one} side is more easy than upon the other, or perhaps lying upon the back more easy than upon either side. These circumstances are usually attended with a frequent cough, that is at first dry; but which after some time is accompanied with an expectoration of thin mucus. There is at the same time an oedematous swelling of the feet and legs, thirst, paleness of the face, and a scanty of urine.

Soon after the patient falls asleep he is suddenly awakened with a sense of anxiety and difficulty of breathing, and with a violent palpitation of the heart. These feelings immediately require an erect posture. A fluctuation of water may be perceived by the patient himself, or by the Physician in certain motions. Pulse irregular and frequently intermittent.

This disease bears some analogy to other affections



of the breast but may in most cases be distinguished on
proper attention to the symptomatic characteristics of these af-
fections.

The diagnostic tests are several in detail and
various. The first test is that known as the endow
test. The hand is placed on the endow
versus the hand is in position and then the endow
is by dothorax; and the latter says that by placing
the patient in an erect posture and then striking one side
of the chest, while the hand is placed on the other, we
may ascertain clearly the accumulation of water in the lungs
and of fluctuation which this proves negative.

If the fluctuation could be thus ascertained it certainly
would be a decisive test; this however is not
but from the peculiar formation of the chest it is not
easy to determine the presence of water by the
usual test in affected - the hand and chest intercostal mus-
cles not allowing the water to collect easily underneath so
the fingers feel any fluctuation. but that in patient in
turning from one side to the other may see the condensation



as if water was contained in the Chest can more readily
be conceived.

The patient being suddenly aroused from sleep, in
a state of suffocation &c. has been considered by Boerhaave,
Lambert and Roussel and other celebrated authors,
as a certain Diagnostic of the presence of water in the Chest,
And Dr. Jacobi. Vicarsius believed he could detect this
dyspnoea and from this symptom in particular, the gra-
-tuitous increase under Dropsy of the Thorax; and on the
last thoracic examination of the thorax of a patient who ~~had~~
had it in a disease, he found not the least shadow of sound
fluid either in the left or right Lungs; in which he used
not without intention and never sufficiently to be commended,
and full of wonder, Oh how fallacious sometimes are diag-
-nostics.

It is contended by others that this symptom is
sometimes observed in several disorders unaccompanied by
fluid effusion and there can be reliance as to its presence in
"them" and when joined with other symptoms which indi-



all the vessels & nerves in the chest should act with
some certainty, the time of the crisis.

Mucianus said when inspiration is considerably im-
paired, as in asthma, in a horizontal position or on re-
-cumbent an abdomen, when the lungs are, at the same
time pale and sallow, assumes a leaden or livid hue, the
urine small in quantity, high coloured, and on cooling de-
posits a reddish or pink coloured sediment; pulse irregular
or intermittent; the feet swelled, or hands swell and are
colder than natural. and the patient is suddenly rous-
ed from sleep by a sense of suffocation or extreme anxiety
about the precordia, attended with palpitation - the
most superficial observer will have no doubt of the presence
of watery fluid in some of the Cavities of the Thorax.

The diseases with which Hydrothorax is likely to be con-
founded are, Empyema, Asthma, Chronic affections of
the heart, or aneurismal dilatations of the large blood
vessels with it.

It is but reasonable to admit that some of the symp-



toms succeeding an accumulation of water in the chest, as difficulty of breathing, oedematous feet, Scarcity of urine, and violent palpitation arousing the patient during sleep, may also arise from a collection of pus in the same cavity.

But the latter may be distinguished by its being preceded by the ordinary symptoms of Pleurisy or Pneumonic inflammation needing without the signs of resolution, but with those of Suppuration, such as a remission or cessation of acute pain and fever, and their degenerating into a dull obtuse sensation, occasional rigors followed by heat, and a copious whitish or reddish sediment in the urine and the absence of other isopsneuc symptoms which arise from these acute affections terminating in serous effusion, its being accompanied with hectic symptoms, and particularly by an attentive observance to the circumstances which precede each.

From Asthma it may be distinguished by the respiration in Asthma being performed with a peculiar wheezing noise, and not so quick and hurried as in Hydrothorax.



and the distension across the breast being greater, and from
 its returning on its own side attended with a dry cough and
 continued for a certain time going off to sea, as well
 considerable increase in the free exhalation and profuse
 perspiration.

Aneurismal dilatations of the large vessels near the
 heart sometimes occasion many of the symptoms of Hydro-
 thorax, but a pain and throbbing in the seat and direction
 of some of the large Arteries increased by causes which
 accelerate the circulation of the Blood may serve to distin-
 guish it from this disease.

Polysercia may give rise to some of the symptoms of
 Hydrothorax, especially difficult breathing, palpitation
 and the sudden starting up from sleep, arising from a
 quantity of fat demanding the Heart and consequently
 impeding its free action. If there is no diminution in the
 quantity of urine, no external dropsical swelling and other
 signs of Dropsy, the increased bulk of the body may in-
 dicate the real nature of these symptoms.



Cyrtosis is occasionally, and in general dropsy, and it is sometimes accompanied from the beginning with universal dropsy; but in general the accumulation increases to such an amount as to render the respiration more and more difficult until the action of the Heart and Lungs is entirely impeded and the patient is destroyed apparently from suffocation, before universal dropsy takes place.

The fatal termination of this disease is sometimes sudden which may be accounted for, when we consider the organs affected, and in others is preceded for a few days previous to death by a Spitting of blood.

I shall now proceed to the treatment of this complaint. The first thing that requires attention is the reduction of the inflammatory action, indicated by the pulse, and difficulty of breathing, Cough &c.

For this purpose bloodletting is the most efficient. It acts by diminishing the vascular action from which the action emanates, and by increasing the activity of the absorbents. But as mentioned by Astruc the pulse to the end



seems active, and should indicate the use of warm brood, therefore this circumstance alone should not determine the necessity of continuing the lancet. Other concurring circumstances of the case should be taken into view.

After the use of the lancet, the application of cups to the thorax is recommended by Sydenham and many, he resorts to with safety they are said to be more beneficial when applied to the back or shoulders.

Blisters. At the same time recourse is had to their use, a large blister is to be applied so as to cover the whole chest and the discharge kept up by the application of some stimulating ointment, as the *Unctum Salicis* or *Unctum Cantharidum*; or the removal of the blister as soon as it begins to heal. Blood and issues have been recommended but are considered inferior to the vesicatorial applications.

Emetics. These are important remedies, and after the cessation of inflammatory action are next to be administered. Of this class the following are the most useful, viz. *Spilium Hydrargyri*, *Cantharides*, *Camomilla*, *Helix*, and *Sassa-*



tartrate of Potash.

The powers and temper of Squills were held in high estimation by Galen and Aristotle and others - the ancients used *Ligusticum*, and their being in use from those periods is the present day, suggest strong proofs of their superiority. Its properties besides its diuretic properties, has an expectorant, changes its name.

When combined with Calomel is the meaning proportioned its effects are more beneficial.

R Squill pulv. gr. ii ss iiij
Calomel

which is to be made into a pill and given morning and evening. Should an undue purging follow the use of this combination it may be restrained by the addition of a small quantity of Opium. Sympson necessarily, allows the use of this combination. 1st. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 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It is in the atomic state of the system that it is useful.

Cantharides. In combination with Opium, as in the following formula, this article is recommended by Doct. Smith of Yale College, in this species of Drops.

℞. Squills ℥j.

Cantharides gr. v & x

Castile soap ℥j m and make the

mass into ten pills, one of which is to be given morning and evening.

Colchicum Autumnale. This article was at one period held in high estimation, especially the oxygen, but like many other articles of the Materia Medica was condemned unjustly, to descend to the tomb of the Quacks. Of late, however, it appears to be recovering its lost reputation - and does good by the combined operation of its Diuretic and antispasmodic powers.

The juice of Chelidonium is Hypocistis the name given to the juice of the plant becomes agitated by Oxymel and has more been seen by Horner & Horseshoe.



As the result of a series of chemical experiments instituted
by him the following combination he reports as the most
soluble and efficacious diuretic in T. malariae. —

℞. Chlorurem $\frac{ij}{\text{ss}}$

Sol. aether. nitros. $\frac{ij}{\text{ss}}$

Chlor. sat. $\frac{ij}{\text{ss}}$

Chlor. sod. $\frac{ij}{\text{ss}}$

Sol. aether. nitros. $\frac{ij}{\text{ss}}$ Tl. solut

The mixture of which is to be given every two or three hours.

The illustrious Professor of the Practice Dr. Chapman has
found the following mixture still more effectual. —

℞. Camphor. $\frac{ij}{\text{ss}}$

Chlor. $\frac{ij}{\text{ss}}$

Sol. aether. nitros. $\frac{ij}{\text{ss}}$

Sol. aether. nitros. $\frac{ij}{\text{ss}}$ Tl. solut

The above mixture of which is to be given every two hours.

When these articles fail in producing an increased flow
of urine, other articles of this class must be used. —

Diuretics, except to keep the bowels in a soluble condition



are not applicable in this form of Dropsy; they do not here promote absorption, and are apt to increase debility, while the dyspnoea and other distressing symptoms are aggravated; and experience has shown that all evacuations of the alimentary Canal in affections of the Pulmonary Organs are injurious.

Emetics are also deemed inapplicable in this species of Dropsy - tho' by some are considered useful in nauseating doses.

Such are the remedies and the order in which they are to be used in Hydrothorax. If after their use for a sufficient time they fail in evacuating the water, the operation of Paracentesis may be resorted to.

This means of evacuating the water is of Ancient date as the days of Hippocrates, and is to be performed by making an incision about two inches long between the sixth and seventh ribs, equi distant from the Spine and Sternum. The incision is to be made with a common Scalpel through the integuments and an incision smaller



than the external one is to be made through the inter-costal muscles which exposes the pleura costalis, and a small puncture through it will give passage to the water. A depending posture is necessary to give free vent to the water. After the evacuation the wound is to be closed by adhesive straps.

During the use of Diuretics the patient is to avoid warmth, and drink plentifully of diuretic drinks in order to promote their operation. —

The diet, except when atonic, should be low, easy of digestion, and well masticated, and the motion of the diaphragm should never be interrupted by a full meal.

Should we be so fortunate as to remove the effused fluid, the patient should take daily exercise, which, together with the influence of a salubrious atmosphere will contribute to give tone and vigour to the whole system.

Thus Gentlemen I have endeavoured to arrange some remarks on the subject of Hydrothorax — imperfect

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as they are I submit them to your examination, and hope that my inability to say any thing from experience will plead something in their excuse.

It now remains for me Gentlemen (Should I be so fortunate as to find my examination meet your approbation) to bid an adieu! to you the illustrious Professors of Medicine in the University of Pennsylvania, and in performance of this deem it my duty to present to them my thanks for the many important lessons received from them in their lectures, and my fervent wishes that they may long continue to be an honour to the Science which they teach, and a blessing to all Mankind.

